

1 BY THE COURT: Yes. That'll be fine.

2 BY MR. GUTHRIE: Yes, Your Honor.

3 (FOLLOWING THE BENCH CONFERENCE, THE
4 TRIAL CONTINUED AS FOLLOWS IN THE PRESENCE
5 AND HEARING OF THE JURY:)

6 BY THE COURT: All right. State may
7 call its next witness.

8 BY MR. GUTHRIE: Your Honor, the State
9 calls Dr. Mark LeVaughn.

10 BY THE COURT: Before this witness
11 begins, Ladies and Gentlemen of the Jury, I
12 am going to advise you that because this
13 witness may be tendered as an expert, we're
14 going to go into the lunch hour so that he
15 can complete his testimony. So please bear
16 with, and I hope you brought your water in
17 the courtroom with you to take a sip of. So,
18 please, if you'll work with us on this
19 witness, we do need to allow him to complete
20 his examination. All right.

21 All right. Dr. LeVaughn, if you'll just
22 remain standing for a moment, my clerk will
23 swear you in.

24 MARK LEVAUGHN, M.D.,

called as a witness on behalf of the State, having first

EXHIBIT

"3"

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1 been duly sworn, was examined and testified as follows,
2 to-wit:

3 BY THE COURT: You may be seated. And
4 do I need him to go ahead and warm up the
5 overhead? Is it ready?

6 BY MR. GUTHRIE: Please, Your Honor.

7 BY THE COURT: Could I get the bailiff
8 to go ahead and warm up the overhead? We'll
9 turn the lights when you're ready.

10 All right, Counsel. You may proceed.

11 BY MR. GUTHRIE: Yes, Your Honor. Do
12 you want to wait just a minute on the lights?

13 BY THE COURT: Just wait, yes. Just
14 wait. All right. You may proceed.

15 BY MR. GUTHRIE: Yes, Your Honor.

16 DIRECT EXAMINATION BY MR. GUTHRIE:

17 Q. Please state your name for the record.

18 A. Mark LeVaughn, L-E- capital -V-A-U-G-H-N.

19 BY THE COURT: Dr. LeVaughn, you can
20 remove your face covering while you testify?
21 I have mine on.

22 BY THE WITNESS: Thank you, Your Honor.

23 BY MR. GUTHRIE: (Continuing)

24 Q. Dr. LeVaughn, where are you employed?

25 A. I'm employed at the Mississippi Department of

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1 Public Safety with the medical examiner's office as a
2 contract forensic pathologist.

3 Q. Okay. And in January of 2019, in -- where
4 were you employed?

5 A. I was employed at the same facility. At that
6 time I was the chief medical examiner. I recently
7 retired.

8 Q. Okay. And does that position require special
9 education or training?

10 A. Yes, sir.

11 Q. What does that entail?

12 A. I'll just -- my education, I graduated from
13 high school and college in Ohio. I graduated from the
14 University of Tennessee College of Medicine in 1983. I
15 completed a pathology residency training program at
16 West Virginia University. And following that I
17 completed a forensic pathology fellowship training
18 program at the University of Tennessee, and I think that
19 was in 1988 or '89.

20 I'm board certified in anatomic pathology and
21 forensic pathology, and I'm licensed to practice
22 medicine in Indiana and Mississippi.

23 Q. Okay. And how long have you been working as
24 a medical examiner?

25 A. Approximately 33 years.

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1 Q. Okay.

2 BY MR. GUTHRIE: At this time, Your
3 Honor, the State would tender Dr. Mark
4 LeVaughn as an expert in forensic pathology.

5 BY THE COURT: Any objection by Defense
6 Barney?

7 BY MR. CORY: No, Your Honor.

8 BY THE COURT: Any objection by Defense
9 Lampley?

10 BY MR. SPRINGER: No, Your Honor.

11 BY THE COURT: The witness may be so
12 admitted as an expert in the field of
13 forensic pathology. You may proceed.

14 BY MR. GUTHRIE: Yes, Your Honor.

15 BY MR. GUTHRIE: (Continuing)

16 Q. Dr. Mark LeVaughn, in your capacity as the
17 chief medical examiner for the State of Mississippi, did
18 you issue a report for George Robinson?

19 A. Yes, sir, I did.

20 BY MR. GUTHRIE: May I approach,
21 Your Honor?

22 BY THE COURT: You may.

23 BY MR. GUTHRIE: (Continuing)

24 Q. Dr. LeVaughn, I've handed you a document.
25 Have you seen that before?

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1 A. (Examining.) Yes, sir, I have.

2 Q. And is this document in the same form as it
3 was when you saw it?

4 A. It's the same form as the time that I created
5 it, yes, sir.

6 Q. Has it been manipulated, changed or altered
7 in any way?

8 A. I do not see that it has, no, sir.

9 Q. And what is this document that we're looking
10 at?

11 A. This is the final autopsy or postmortem
12 report that I generated on our patient, George Robinson.

13 BY MR. GUTHRIE: At this time, Your
14 Honor, the State would move to have this
15 exhibit or have this document admitted into
16 evidence.

17 BY THE COURT: Any objection by Defense
18 Barney?

19 BY MR. CORY: No, Your Honor.

20 BY THE COURT: Any objection by Defense
21 Lampley?

22 BY MR. SPRINGER: No, Your Honor.

23 BY THE COURT: It may be so admitted.

24 (SAID REPORT OF POSTMORTEM EXAMINATION SIGNED BY MARK
25 LEVAUGHN, M.D., AND DATED JULY 27, 2020 WAS MARKED

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1 EXHIBIT NUMBER 6, WAS RECEIVED INTO EVIDENCE, AND MAY BE
2 FOUND APART FROM THE RECORD.)

3 BY MR. GUTHRIE: (Continuing)

4 Q. Dr. LeVaughn, just to make it somewhat easy,
5 but in your hands, is this the same document that you
6 have?

7 A. Excuse me. The image is the front page.
8 Yes, sir.

9 Q. Correct. And how many pages do you have?
10 I'll tell you what, I'll trade with you. Let me have
11 the marked copy, and I'll give you the copy. And I'm
12 going to let you keep that in your hand just in case
13 it's difficult for you to read from the overhead
14 projector.

15 Is this the report we were talking about just a
16 second ago?

17 A. Yes, sir.

18 Q. Okay. And can you tell us a little bit about
19 just the cursory information that this -- at the top?
20 The Case Number, what is that?

21 A. The Case Number is ME19-0058. That is the
22 unique postmortem or autopsy number for the patient,
23 George Robinson.

24 Q. And the date of the examination?

25 A. January 17, 2019.

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1 Q. And the date of the report?

2 A. July 27, 2020.

3 Q. All right. Did you actually do the
4 examination?

5 A. No, sir, I did not.

6 Q. And who did the examination?

7 A. Dr. Brent Davis.

8 Q. Okay. And was he employed by the state
9 medical examiner's office?

10 A. Yes, sir. Correct.

11 Q. And what was his position?

12 A. He was a deputy chief medical examiner for
13 the State of Mississippi.

14 Q. Okay. And he performed the actual autopsy?

15 A. That is correct.

16 Q. All right. But you generated the report?

17 A. Yes, sir.

18 Q. What did you use to generate this report?

19 A. I used the entire case file, all of the
20 documents that was in the case file. I examined autopsy
21 photographs. I examined the coroner's investigative
22 report. There were medical records available, and I
23 examined the toxicology report and generated microscopic
24 slides of the -- some of the tissues of Mr. Robinson.

25 Q. Okay. And were you able to use that

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1 information in order to generate an opinion?

2 A. Yes.

3 Q. Okay. And before we get into the cause and
4 manner of death, what I'd like for you to do is tell us
5 in your examination of Mr. George Robinson what you
6 found. And first start out with, how tall was
7 Mr. Robinson?

8 A. He was documented at the medical examiner's
9 office to be 67 inches tall.

10 Q. And that's five-foot-seven?

11 A. Yes, sir.

12 Q. And weight?

13 A. His weight was recorded as 210 pounds.

14 Q. And age?

15 A. Sixty-two years old.

16 Q. Yes, sir. All right. And we go down to the
17 evidence of injury, and what do you have there?

18 A. The external evidence of injury, I described
19 three contusions on the forehead and right side of his
20 face and head.

21 Q. Okay. And --

22 A. I'm sorry. Abrasions, not contusions.

23 Q. Okay. All right. So you noticed three
24 abrasions on the right side?

25 A. That's correct.

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1 Q. And did you notice any swelling also there?

2 A. I observed swelling around the soft tissue or
3 what's called the periorbital tissue around the right
4 eye.

5 Q. Okay.

6 BY MR. GUTHRIE: Your Honor, I'm going
7 to show counsel opposite some photos. May we
8 approach, Your Honor?

9 BY THE COURT: You may. Mr. Kinnard,
10 give me just a little light, please.

11 (Examining photos.)

12 (THE FOLLOWING BENCH CONFERENCE OCCURRED
13 BETWEEN THE COURT, COUNSEL AND THE COURT
14 REPORTER OUTSIDE THE HEARING OF THE JURY:)

15 BY THE COURT: Huh-uh (negative
16 response). Huh-uh (negative response). Two
17 things we need to do -- what says -- okay --
18 these four --

19 BY MR. GUTHRIE: I can't hear you,
20 Judge. I'm sorry.

21 BY THE COURT: These four, obviously,
22 the Court has no concerns about them being
23 presented to the jury. These two are
24 extremely graphic (indicating). Do you
25 have -- sometimes they have an anatomic or

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1 sketch or something else that could be used,
2 but --

3 BY MR. GUTHRIE: And I -- I understand
4 that they are graphic in nature, Your Honor,
5 but they are the only photos from the autopsy
6 report that show the injury and specifically
7 what we're dealing with is the scalpal (sic)
8 contusion, which means on the skin in between
9 the skull and the face. And one picture
10 shows the scalpal contusions that they've
11 contested prior -- but existed.

12 The second picture shows the subdural
13 hematoma and it also shows the location of
14 the abrasion, the contusion and the subdural
15 hematoma, the location all being in the exact
16 same spots. So I wanted to show them to the
17 jury so that the witness, Dr. LeVaughn, could
18 specifically identify what he saw, why he saw
19 it and then the location of it.

20 BY THE COURT: What says the defense?

21 BY MR. CORY: Judge, for that purpose, I
22 don't think it's proper. I don't think --
23 the CT shows where the contusions were.
24 There is a diagnostic device that does it on
25 that. I don't think he can extrapolate

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1 location of injuries based on that picture.

2 BY THE COURT: Do you have any other
3 photos the Court can look at?

4 BY MR. GUTHRIE: I don't, Your Honor. I
5 didn't bring them down. I pared them all
6 down.

7 BY THE COURT: Let me get the -- let me
8 get the jury to step out for just a moment.

9 BY THE BAILIFF: All rise.

10 (THE JURY WAS EXCUSED FROM THE COURTROOM AND THE
11 FOLLOWING PROCEEDINGS WERE HAD OUTSIDE THE PRESENCE AND
12 HEARING OF THE JURY:)

13 BY THE COURT: All right. You all may
14 be seated.

15 Dr. LeVaughn, in an assistance to the
16 Court -- there are some photos that are
17 extremely graphic even for the Court, and I'm
18 rather seasoned at looking at medical
19 reports. And I need the district attorney's
20 office to advise the Court -- I have to ask
21 this. Have you all shown these photographs
22 to the victim's family at any time prior to
23 this trial?

24 BY MR. GUTHRIE: I have not, Your Honor.

25 BY MS. HODGES: I have not either.

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1 BY THE COURT: All right. So to the
2 family members of Mr. Robinson, we're now at
3 a point where we are looking at some graphic
4 images that were reproduced during his
5 autopsy. You have not seen these
6 photographs. I know that you are here
7 present in the courtroom, but at this time
8 I'm going to allow you an opportunity if you
9 want to excuse yourself while the jury is out
10 to go ahead and do so. You may.

11 Now, if you stay in the courtroom, you
12 may see some images that may be very
13 disturbing to you, so I do want to give you
14 all this opportunity not to have to see those
15 images.

16 Now, Dr. LeVaughn, as an assistance to
17 the Court, he is trying to show depictions of
18 the scalp area where there was some
19 hemorrhaging and also of the subdural
20 hematoma. Do you know if there were any
21 black -- were there any black and white
22 anatomical drawings created of those images
23 that might not be so graphic that you could
24 use to exhibit to the jury in this case?

25 BY THE WITNESS: The only drawings are

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3 BY THE COURT: Not of the internal
4 injuries. Okay. And looking at -- and this
5 is why -- looking at this image, that's hard
6 for me to look at. Is there anything else of
7 these that maybe depicts that that's a little
8 less graphic? And if I have to show just
9 one, I will show just one.

10 BY THE WITNESS: (Examining photos.)

11 (Indicating.)

12 BY THE COURT: That would give you
13 everything that you needed to show to
14 testify?

15 BY THE WITNESS: If I have to pick just
16 one, I would use it --

17 BY THE COURT: That one?

18 BY THE WITNESS: Yes, ma'am.

19 BY THE COURT: All right. Because with
20 that one it would show the hematoma, the
21 scalp, everything else he -- he discussed?

22 BY THE WITNESS: That's correct. Yes,
23 ma'am.

24 BY THE COURT: Okay. Thank you. Is
25 this that image (indicating)?

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1 BY THE WITNESS: That's correct. Yes,
2 ma'am.

3 BY THE COURT: All right. Well, so
4 here's what I'm going to do. After
5 consultation with Dr. LeVaughn in order to
6 give the Court some guidance on this matter,
7 I am going to -- this -- I've been handed two
8 exhibits. This one he does not need. He has
9 provided -- and I don't know who's going to
10 be doing the cross-examination.

11 BY MR. CORY: I will be doing it.

12 BY THE COURT: So just those parties
13 who -- those attorneys who will be
14 participating in this -- the examination of
15 this witness, if you'll just come forward.

16 Mr. Guthrie --

17 BY MR. GUTHRIE: Yes, Your Honor. I'm
18 just making sure I put that picture -- I
19 didn't want to inadvertently --

20 BY THE COURT: Okay. So this -- he says
21 that with this image he can -- put it down.
22 I'm not trying to publish it on the stream.
23 Do you all see the one?

24 BY MR. CORY: Yes, ma'am.

25 BY MR. SPRINGER: Yes, ma'am.

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1 BY THE COURT: He said that it would
2 cover all areas that he needed to discuss. I
3 am not going to display that. I mean, you
4 can -- I'm not going to put that on the
5 overhead. I may have to -- yeah, I got to.
6 Mr. -- take this.

7 BY MR. CORY: While we're discussing
8 it --

9 BY THE COURT: It was graphic enough
10 even to the Court, so I can imagine -- and
11 I'm going to have to warn the jury about that
12 before they see it because it is --

13 BY MR. CORY: Judge, just on -- so we
14 don't have to come back up, we don't plan to
15 use any of the open body pictures.

16 BY THE COURT: No.

17 BY MR. CORY: But as far as the rest of
18 the pictures we may use, I just want to make
19 sure if we're -- if there was -- (examining.)

20 BY THE COURT: Why do you need that?

21 BY MR. CORY: To show no bruising on his
22 legs. I think there's another -- I mean,
23 both of those pictures -- the fact that he
24 has no injuries anywhere other than his --

25 BY MR. GUTHRIE: Objection, Your Honor.

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1 BY THE COURT: No, we're not -- no.

2 BY MR. CORY: Yeah, I'm fine with that
3 one coming out. But there's not another
4 picture that shows the legs or there's no
5 other abrasions on his body.

6 BY MR. GUTHRIE: Objection, Your Honor.

7 BY THE COURT: Okay. The only thing
8 about this one, it only shows one -- one of
9 his legs -- doesn't show the other one.

10 BY MR. CORY: I don't mind pulling that
11 one out just because we have others. If the
12 Court's going to exclude it because of the
13 ankle monitor --

14 BY MR. GUTHRIE: This one I've got in.

15 BY MR. CORY: Okay.

16 BY MR. GUTHRIE: This one would be
17 repetitive and I object to it.

18 BY MR. CORY: Agree.

19 BY MR. GUTHRIE: This one I have in.

20 BY THE COURT REPORTER: Y'all speak up,
21 please.

22 BY MR. GUTHRIE: I'm not sure of the
23 relevance, Your Honor.

24 BY MR. CORY: I'm fine with that one.

25 BY MR. GUTHRIE: This appears -- and I'm

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1 not sure of the relevance, Your Honor. It
2 doesn't show any of the injuries in the
3 autopsy photo --

4 BY MR. CORY: The affidavit says he was
5 struck in the chest. I think it shows
6 there's just no bruises to the back or
7 anywhere.

8 BY THE COURT: Okay.

9 BY MR. CORY: But, I mean, we can --

10 BY THE COURT: So my understanding is
11 that you --

12 BY MR. GUTHRIE: This is -- I think
13 shows the rear end, Your Honor.

14 BY MR. CORY: I'm not trying to show
15 that but --

16 BY THE COURT: That could be postmortem
17 settling.

18 BY MR. GUTHRIE: That's his waistline
19 right here.

20 BY MR. CORY: Let me see what else we've
21 got. I don't need that one.

22 BY THE COURT: Okay. So after you all
23 have flipped through all of those, what's
24 remaining that he -- that the defense intends
25 to use?

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1 BY MR. GUTHRIE: He has an additional
2 picture of the top of the head, which we've
3 already got one of, and then this is a
4 picture of the other side with -- the left
5 side where there wasn't supposed to be any
6 injuries.

7 BY THE COURT: That's okay.

8 BY MR. GUTHRIE: Okay. And I don't have
9 any objection --

10 BY THE COURT: You don't have any
11 objection to that one.

12 BY MR. GUTHRIE: This one, I think, is
13 duplicitous, but I chose to cut it out
14 because I could show the same things in the
15 other ones. But that was why I took it out.

16 BY MR. CORY: It just shows a different
17 angle of the head and no other injuries on
18 the top of the head.

19 BY MR. GUTHRIE: Which was shown in --

20 BY MR. CORY: I don't think it's
21 duplicative.

22 BY THE COURT: All right. So how many
23 cranial views do we have?

24 BY MR. GUTHRIE: As a matter of fact,
25 I've got it --

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1 BY THE COURT: They have it.

2 BY MR. CORY: That's it. That's good.

3 The only question, then, will be one of those
4 two.

5 BY THE COURT: Which of these two?

6 BY MR. CORY: Or -- yes, ma'am. Just to
7 show there were no bruises on the legs.

8 BY MR. GUTHRIE: The State's position is
9 there's never been any allegations of bruises
10 on the legs either in the reports of any of
11 the people or the --

12 BY THE COURT: Okay. Let me ask this
13 question. So we have the views of the head.
14 We have the views of the thoracic area, the
15 chest/back, chest/front -- thank you --
16 chest/back.

17 BY MR. GUTHRIE: That was in one of the
18 photos he wanted to come in.

19 BY THE COURT: Do you have one of the
20 back of the decedent?

21 BY MR. CORY: I don't need to show the
22 back.

23 BY THE COURT: Okay. All right. So,
24 now, the lower portion, all we need are the
25 legs? Let's do -- is there any objection to

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1 this one? I think it's less graphic.

2 BY MR. GUTHRIE: Which one? The one you
3 hand -- yes, Your Honor. It shows the ankle
4 monitor.

5 BY THE COURT: Can't help it. I can
6 instruct the jury on that issue.

9 BY MR. CORY: The wit- --

10 BY MR. GUTHRIE: So what would be the
11 relevance to showing a picture of the legs
12 when we've never -- no -- nobody --

13 BY THE COURT: Tell you what we'll do,
14 reserve your objection. But the ones you all
15 can agree on, let's go ahead and we have
16 those admitted and marked, premarked, so when
17 the jury comes I don't have to waste -- not
18 waste -- we don't have to spend time marking
19 those. On the ones -- the one you have an
20 objection on, I'll reserve ruling on that
21 until he attempts to admit it. How about
22 that? Can we do that?

23 BY MR. GUTHRIE: Yes, Your Honor.

24 BY MR. CORY: May I say one thing? If
25 it doesn't change your ruling, then I won't

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1 put it in. The witnesses have been unclear
2 about what -- there are witnesses who said
3 they didn't know he was struck, things of
4 that nature. I don't want the jury to think,
5 I mean, that there were bruises -- injuries
6 somewhere else. There is inconsistent
7 witness testimony on this issue.

18 BY THE COURT: Well -- okay. That may
19 be the State's position; however, the defense
20 is entitled to craft their defense on all
21 issues and one of these in according --
22 because this is second degree, that use of
23 force issue becomes an element of the initial
24 charge and whether or not there were any
25 strikes or blows and where -- so I can't omit

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1 the defense's right to proceed on that issue.
2 I can understand the State's objection, but I
3 need to balance that with everything else
4 that we hear.

5 So I would suggest to the parties that as
6 to that last exhibit since the State has a
7 position on the record, the defense has a
8 position on that, I'll reserve ruling on that
9 one until that one exhibit of the thoracic
10 area -- of the lower lumbar area -- is that
11 what it is -- until presented by the defense.
12 Can we do that?

13 BY MR. GUTHRIE: Yes, Your Honor.

14 BY THE COURT: All right. So let's go
15 ahead and have the court reporter to premark
16 the other exhibits that -- to which there are
17 no --

18 BY MR. CORY: For ID on this one
19 (indicating)?

20 BY MR. GUTHRIE: I think at the
21 appropriate time when you will try to admit,
22 then we can make the objection --

23 BY THE COURT: You can mark it for ID.
24 Just say it's been previously marked for
25 identification purposes only.

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1 BY MR. GUTHRIE: Okay.

2 BY THE COURT: I'm just trying to save
3 some time because these people are going to
4 get hungry on all of us. All right?

5 BY MR. GUTHRIE: These to be marked
6 for -- admitted into evidence; this for ID
7 only.

8 BY THE COURT REPORTER: Are these yours
9 or his?

10 BY THE COURT: They're just marked.
11 They're just marked.

12 (SAID AUTOPSY PHOTOS WERE MARKED EXHIBIT NUMBERS 7-12,
13 WERE RECEIVED INTO EVIDENCE, AND MAY BE FOUND APART FROM
14 THE RECORD.)

15 (SAID AUTOPSY PHOTO WAS MARKED EXHIBIT NUMBER 13 FOR
16 IDENTIFICATION PURPOSES ONLY, WAS RECEIVED INTO
17 EVIDENCE, AND MAY BE FOUND APART FROM THE RECORD.)

18 BY THE COURT: Are we ready?

19 BY THE COURT REPORTER: Yes, ma'am.

20 BY THE COURT: All right. We can bring
21 the jury back in.

22 BY THE BAILIFF: All rise.

23 (THE JURY RETURNED TO THE COURTROOM AND THE FOLLOWING
24 PROCEEDINGS WERE HAD IN THE PRESENCE AND HEARING OF THE
25 JURY:)

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1 BY THE BAILIFF: The jury's in the
2 courtroom.

3 BY THE COURT: All right. You all may
4 be seated. Mr. Guthrie, you may proceed.

5 BY MR. GUTHRIE: Yes, Your Honor.

6 BY MR. GUTHRIE: (Continuing)

7 Q. Dr. LeVaughn, where we left off you were
8 telling us about the evidence of the injuries and the
9 external -- and just briefly what was it you found?

10 A. On the external exam there was evidence of
11 three abrasions in the area of the right forehead.

12 Q. Okay. And furthermore what did you find?

13 A. There was also swelling around the soft
14 tissue of the right eye.

15 Q. Okay. And -- well, go on down to the
16 internal examination. Tell us what you found there.

17 A. I'm just going to follow along in the
18 description, but the most obvious was the craniotomy,
19 the surgical procedure.

20 Q. Tell us what that is. What did you find?

21 A. Well, a craniotomy is an examination of the
22 internal skull. It's a surgical procedure. They make
23 an incision on the scalp. They peel the scalp away from
24 the bone, and they actually cut into the bone, remove a
25 portion of the bone and then expose the actual brain for

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1 the therapeutic procedure. In this case, it was for
2 removal of a blood clot. So that was evident. The
3 result of that was evident. The surgical procedure had
4 ended, and it was closed and was -- the skin was sealed
5 with surgical staples.

6 Further examining in -- through that there was
7 evidence of what I described as diffuse subcutaneous
8 soft tissue hemorrhage, which is blood in the scalp.
9 And the locations were on the anterior, lateral and
10 posterior, the back of the scalp on the right side of
11 the head.

12 Q. Okay. And let me first stop you there. The
13 diffuse subcutaneous soft tissue hemorrhage, is that
14 supposed to be there?

15 A. Well, it's seen in the craniotomy procedure.
16 But in addition to my opinion, under the areas of the
17 abrasion on the right forehead there was also hemorrhage
18 in that area and there was no clear line of distinction
19 between the two. But in my opinion, some of that
20 hemorrhage towards the front of the right side of the
21 head was a result of the impact that caused the
22 abrasions.

23 Q. Okay. All right. And going on to the next
24 line.

25 A. The next line? There's --

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1 Q. Well, really the next finding. The next line
2 doesn't appear to have much but --

3 A. Okay. So the next finding would be that the
4 brain had -- the cerebral hemispheres, the right and
5 left actually halves of the brain, they're symmetric or
6 the same size. The surfaces of the brain appear
7 normally developed. There was a very thin layer of
8 blood on the surface of the brain itself, the
9 subarachnoid blood.

10 The brain was -- the right side of the brain was
11 described as being soft. There was description of some
12 hemorrhage internal in -- in the brain itself, a basal
13 ganglia, which is an internal structure. And then I
14 made the comment that there was no other documented
15 pathologic changes in the brain and there was no
16 evidence of any skull fractures.

17 Q. Okay. Now, just going quickly through the
18 other areas, the neck, the heart, the lungs, the GI
19 tract, did you find any other abnormalities in any of
20 that?

21 A. There was no evidence of any documented
22 injury to the neck. There was documented evidence of
23 heart disease, atherosclerotic disease. There was
24 severe narrowing of the left anterior, one of the
25 coronary artery branches. The heart was somewhat

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1 enlarged due to the weight. It was 490 grams, and
2 that's, I don't know, moderately -- mild to moderately
3 enlarged as far as just the weight of the heart.

4 The examination of the lungs didn't show any
5 pathologic findings. The GI tract and organs in the
6 abdomen showed no other documented pathologic findings.

7 Q. Okay. The next page has microscopic
8 examinations. What did you find there?

9 A. The microscopic examination means that we
10 took small portions of tissue from the organs and
11 examined those under a higher magnification, a
12 microscope. The heart showed changes consistent with
13 hypertensive disease. The other lungs and abdominal
14 organs didn't show any pathological findings. And then
15 examination of the brain tissue showed small areas of
16 hemorrhage, evidence of edema and some of the brain
17 cells, the neurons, were starting to degenerate. And
18 there was a small amount of inflammation also present.

19 Q. Okay. And after going through this report,
20 were you able to -- do you have a summary or
21 interpretation of everything?

22 A. Yes, I do.

23 Q. And can you give that to the Court?

24 A. You want me just to read it?

25 Q. If you'd like, yes.

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1 A. Okay. It reads: "This 62-year-old male
2 identified as George Robinson died as a result of
3 multiple blunt injuries to his head. This is evidenced
4 by facial abrasions, scalp contusions, brain contusions,
5 subdural hematoma and brain swelling. These injuries
6 resulted in his death.

7 In addition, there was evidence of hypertensive
8 and atherosclerotic cardiovascular disease. Toxicology
9 was noncontributory in his death. Medical records were
10 reviewed. With the currently available information and
11 postmortem findings, the cause of death is multiple
12 blunt head trauma and the manner of death is homicide."

13 Q. All right. Dr. LeVaughn, you've stated some
14 of these injuries, and I'm going to go through some
15 pictures now so that you can explain to us your report
16 kind of in the picture form so that we can see what
17 these injuries are.

18 And the first thing I want to show is what's
19 marked as Exhibit 7. And can you tell us what we're
20 looking at here?

21 A. Exhibit 7 is a photograph of Mr. Robinson
22 prior to the internal or surgical examination portion of
23 the autopsy.

24 Q. Okay. So this is how he was presented to the
25 medical examiner's office?

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1 A. That's correct.

2 Q. And this is the condition of his body as you
3 received it?

4 A. That's correct.

5 Q. Okay. In Exhibit 8, Dr. LeVaughn, tell us
6 what it is we're looking at here.

7 A. Exhibit 8 is a photograph of the face of
8 Mr. Robinson. And in my opinion, there's swelling
9 around the tissue of the right eye. It's called the
10 periorbital soft tissue. And this area, in my opinion,
11 is swollen (indicating).

12 Q. Okay. And that's --

13 A. In addition --

14 Q. Is that on the left side of the photograph
15 where you were using a red laser pointer?

16 A. Well, as we look at it, yes, it's on the left
17 side of the photograph, but it's on the anatomic right
18 side of his body.

19 Q. His right side but our left side of the
20 photograph. And you're showing us what now with that
21 pointer?

22 A. The pointer is on the actual anatomic upper
23 right eyelid which, in my opinion, shows swelling. And
24 then above that on the right forehead, it's only
25 partially visible, but there is one of the abrasions

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1 that I also described.

2 Q. Okay. And, Dr. LeVaughn, going into that
3 abrasion that you just described, are you able to see
4 that? There's a glare on there but --

5 BY THE COURT: What number is this?

6 BY MR. GUTHRIE: This is Exhibit 9. I
7 was trying to get it in such a way there
8 didn't appear to be so much glare.

9 BY MR. GUTHRIE: (Continuing)

10 Q. All right. Dr. LeVaughn, can you show us
11 what we're looking at here?

12 A. Yes. Exhibit 9 is a photograph of
13 Mr. Robinson lying on the examination table and the
14 photograph is directed towards the top of his head. The
15 obvious findings are the closed craniotomy incision on
16 the top and kind of going towards the back of his head.

17 Q. That's what appears to be the metal staples?

18 A. Yes. And those objects across the incision
19 are surgical staples to hold the skin together.

20 Q. And that's from the surgical procedure, the
21 craniotomy?

22 A. That is correct.

23 Q. Okay. So that's not what we're focused on,
24 but it is what you found in the autopsy. But what is
25 on -- is there any injuries in this photo?

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1 A. In my opinion, yes, sir. So on the right
2 forehead -- the laser pointer is not illuminating -- but
3 on the right forehead, this is an abrasion, right -- a
4 little bit behind it is an abrasion and a little bit in
5 front, below it is an abrasion. So those are the three
6 skin injuries or abrasions, blunt injuries that I
7 described.

8 Q. And I'm going to put Exhibit 10 on. Does
9 that show these same abrasions and injuries a little
10 better --

11 A. Yes.

12 Q. -- or at a different angle?

13 A. Exhibit 10, did you say?

14 Q. Yes.

15 A. Okay. Exhibit 10 is a photograph of the
16 right side of Mr. Robinson's shoulder, head and neck and
17 facing the top of the head. So in this photograph, the
18 pointer is on abrasions on the top of his head and then
19 also on the kind of the right lateral side of his head
20 and the face. These are blunt impact type injuries, and
21 there's also some swelling of the soft tissue of the
22 right eye and most common in the right upper eyelid.

23 Q. Okay. Dr. LeVaughn, the next photo is more
24 graphic and I --

25 BY THE COURT: Just a moment. I'm going

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1 to pause the stream for this. You may --
2 Ladies and Gentlemen of the Jury, the next
3 photo is rather graphic. Bear with the
4 State. You may proceed.

5 BY MR. GUTHRIE: Yes, Your Honor.

6 BY MR. GUTHRIE: (Continuing)

7 Q. Dr. LeVaughn, and just in preparation of the
8 photo, it's more graphic and it is a picture -- and let
9 me --

10 BY MR. GUTHRIE: May I approach the
11 witness first, Your Honor?

12 BY THE COURT: You may.

13 BY MR. GUTHRIE: And it'll help to
14 alleviate some of the...

15 BY MR. GUTHRIE: (Continuing)

16 Q. Do you see which photo it is, Dr. LeVaughn?

17 A. Yes, sir, I do.

18 Q. Okay. Now, in this photo, before we get to
19 it, is this a picture of -- please describe the picture
20 first so that we'll know what we're looking at.

21 A. Okay. During the autopsy examination we take
22 continuous photos throughout the entire procedure. So
23 the upcoming photo is a photograph of the internal
24 examination of the head or cranial cavity which displays
25 the skull bone that was removed, the scalp tissue with

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1 hemorrhage and the brain as present in the cranial
2 cavity.

3 Q. Okay. Dr. LeVaughn, so in this photo, do
4 we -- you'll be showing us where the abrasion was on the
5 outside -- on the outside of his skin?

6 A. Well, the photo shows, in my opinion, that
7 there is hemorrhage from the surgical procedure and also
8 hemorrhage in this scalp under the abrasions.

9 Q. And that's where I was going with it. So in
10 the exact same location as where the external abrasions
11 were, this photo is going to show the scalpal (sic)
12 contusion; is that correct?

13 A. In my opinion, yes, sir.

14 Q. And also it will show the subdural hematoma?

15 A. Yes, sir, what was left of it after removal.
16 But some of it is still present, yes.

17 Q. Okay. Then I'm going to show the photo for
18 that reason. And, Dr. LeVaughn, can you point us to
19 where the scalpal contusions are that you saw?

20 A. In the photograph towards the actual top of
21 the photograph, that depicts the skin of the forehead.
22 You're looking at the top of the head downward, so the
23 area that is under the laser pointer is hemorrhage in
24 the scalp and that is underlying the abrasions that were
25 demonstrated earlier.

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1 The brain is exposed, the middle portion of the
2 photograph, so we're looking towards the internal
3 contents of the cranial cavity. But the bottom of the
4 photograph is what we call the skull cap or the top of
5 the skull. On the internal surface of this on the right
6 side, this dark area is blood and that's in the area of
7 what's called the subdural space. So that's some of the
8 remaining subdural hemorrhage that was -- that remained
9 after the surgical procedure.

10 And in the middle, the right cerebral hemisphere
11 is on the right. And you'll see kind of a division in
12 the middle, and this is the left cerebral hemisphere.
13 And on the surface of the hemispheres, it has kind of a
14 reddish-brown discoloration and that's what I've
15 described as subarachnoid hemorrhage.

16 Q. Okay. Dr. LeVaughn, I'm going to remove that
17 photo, but I want to talk about what you saw in that.
18 The contusions of the scalp were directly in line with
19 the abrasions; is that correct?

20 A. In my opinion, it was directly below the
21 abrasions, yes.

22 Q. Okay. And then the subdural hematoma
23 appeared to be in the same location as the contusions?

24 A. Well, no. The subdural hematoma was in the
25 subdural space of the cranial cavity. So the top of the

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1 skull, the skull cap was removed so you were looking at
2 the internal surface of the skull. And on the right,
3 that darkened reddish-brown area was some of the
4 residual hemorrhage.

5 Q. Okay. All right. So did Mr. George Robinson
6 die from the abrasions? And, I mean, if the abrasions
7 alone were the only thing, is that the cause of his
8 death?

9 A. No, sir.

10 Q. Are the contusions to the scalp, if that were
11 alone, would that be the cause of his death?

12 A. I don't think so, no.

13 Q. Okay. So is the subdural hematoma the cause
14 of his death?

15 A. Yes, sir.

16 Q. Okay. And then the subdural hematoma, in
17 your opinion, was caused by what?

18 A. Caused by blunt impact to the head.

19 Q. Okay. Explain to us what a subdural hematoma
20 is.

21 A. The brain sits within the skull, the cranial
22 cavity. The brain has vascular supply, arteries and
23 veins. So on the surface of the brain, there are small
24 veins that drain the brain and they go to the dura which
25 lines the internal skull. And there are larger veins in

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1 that dural tissue.

2 So the subdural space is the space between the
3 surface of the brain and the internal skull, and in that
4 space are these small veins. So when those veins are
5 torn and bleed, the bleeding occurs in the subdural
6 space which is actually on the surface of the brain.
7 And as that blood accumulates, it causes pressure on the
8 brain and clinical effects due to that pressure.

9 Q. What kind of symptoms can an individual show
10 from the swelling on the brain?

11 A. They complain of a headache. You could be
12 dizzy. You could be nauseated, vomiting. You could
13 have what's called an unsteady gait were you could not
14 walk properly. You could be what's called somnolence or
15 tiredness or sleepiness. You could have seizure
16 activity. You can have -- and as the pressure increases
17 and more structures of the brain have pressure on them,
18 you can have what's called posturing which is an
19 abnormal positioning of the body. It's involuntary and
20 it's due to the pressure on the brain. And then you can
21 ultimately have what's called herniation where the brain
22 is squeezed into the places where it shouldn't be
23 internally in the skull, and it can also maybe result in
24 death of the patient.

25 Q. And you said the posturing. Is there two

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1 types of posturing or one type or multiple types?

2 A. Well, there's two general types. One's
3 called decorticate and the other is called decerebrate
4 posturing. And they can occur separately or together,
5 and they just indicate anatomic regions of the brain
6 that are injured or have pressure.

7 Q. And can you tell us generally what this
8 posturing is?

9 A. Posturing is a position of the body. It's
10 involuntary and it's muscles contract and extend due to
11 the pressure on the brain. So the arms can be drawn to
12 your chest and abdomen, and then you can have extension
13 of the extremities, extension of the feet, flexion of
14 the ankles. These are all posturing -- positions of the
15 posturing. And it's due to a head injury.

16 Q. Okay. And, Dr. LeVaughn, are you able to
17 render an opinion as to the amount of force that's
18 required to cause the abrasions to Mr. George Robinson?

19 A. I don't think I can quantitate it with any
20 number or value, no. It was just some amount of impact
21 injury to the head that caused the abrasion, caused the
22 contusion and caused enough movement of the brain inside
23 the skull to tear the small veins and initiate bleeding
24 inside the skull.

25 Q. So the impact had to be significant enough to

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1 cause -- the second step after the abrasion was a
2 contusion of the scalp?

3 A. That's correct.

4 Q. And then it needed to be significant enough
5 to then go further to cause the subdural hematoma inside
6 the -- between the brain -- if I understood right -- to
7 tear the veins -- the brain had to shift enough to tear
8 the brains (sic) from the scalp?

9 A. Well, tear the vessels that are on the
10 surface of the brain --

11 Q. Okay.

12 A. -- inside the skull, yes.

13 Q. So the impact would need to be significant
14 enough to cause the brain to shift?

15 A. Yes.

16 Q. Dr. LeVaughn, at the time that you rendered
17 this report, had you reviewed all the medical records?

18 A. I come to find out, no.

19 Q. Okay.

20 A. Did not.

21 Q. You had reviewed some of the medical records?

22 A. Yes, sir.

23 Q. When you do autopsy reports, do you always
24 have all of the medical records?

25 A. No, sir.

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1 Q. Now that -- have you since that time reviewed
2 all medical records?

3 A. I believe I have, yes.

4 Q. And when I say "all medical records," I mean,
5 the time when George Robinson was admitted to the
6 hospital on the 13th of January, 2019, to the time that
7 he passed away on January the 15th, 2019?

8 A. Yes. I have reviewed medical records that
9 dealt with two prior examinations and in addition the
10 hospitalization due to the subdural hematoma.

11 Q. Okay. So you've actually gone further back
12 than just his visit that -- from this incident? You
13 went back further to a previous incident?

14 A. That's correct.

15 Q. Okay. All right. Dr. LeVaughn, has your
16 opinion changed in any way from when you rendered it on
17 July 27th, 2020, as to the matter of cause of death or
18 the manner of death?

19 A. No, sir.

20 Q. What is the cause of death?

21 A. By definition or in this particular case?

22 Q. In this particular case.

23 A. In this particular case, I stated the cause
24 of death was multiple blunt head injury.

25 Q. And you stated the manner of death is what?

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1 A. Homicide.

2 Q. Dr. LeVaughn, the opinion to the cause of
3 death and the manner of death for Mr. George Robinson,
4 are you rendering that today to a reasonable degree of
5 medical certainty?

6 A. In my opinion, yes, sir.

7 Q. Okay.

8 BY MR. GUTHRIE: No further questions,

9 Your Honor.

10 BY THE COURT: All right. Cross by
11 counsel for Barney.

12 CROSS-EXAMINATION BY MR. CORY:

13 Q. Good afternoon, Dr. LeVaughn.

14 A. Good afternoon, sir.

15 Q. I'm Michael Cory. We've met before. I
16 represent Desmond Barney in this case.

17 So it's my understanding that you didn't become
18 involved in the autopsy until 18 months afterwards, or
19 you didn't become involved in preparing the report until
20 18 months after the autopsy was done?

21 A. Well, I didn't finalize the report until that
22 date. I can't remember what involvement I had in
23 between that time, but that's when I gave my final
24 opinion, yes, sir.

25 Q. And you weren't actually involved in the

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1 autopsy. That was done by Dr. Davis?

2 A. Yes, sir.

3 Q. And you testified that you've reviewed some
4 additional medical records since you prepared a report,
5 but you have not reviewed the CT scans, have you?

6 A. I have not reviewed the actual images. I've
7 reviewed the reports from those images.

8 Q. And the history you had at the time you made
9 the determination in this case was of an assault; is
10 that correct?

11 A. That was the adjective that was used to
12 describe an interaction this person had, yes.

13 Q. And you had no information about resisting
14 arrest or exactly what happened? The only information
15 you had about what happened was that Mr. Robinson was a
16 victim of an assault?

17 A. That's the way it was written down, yes.

18 Q. And certainly that history of what happened
19 can affect your determination as to the manner of death?

20 A. It can, yes.

21 Q. And by that you're telling the jury that if
22 the facts are different than an assault, it may or may
23 not be a homicide?

24 A. That's possible, yes.

25 Q. Is it -- I mean, is it possible or is

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1 actually a true statement? I mean, just generally
2 speaking, if you have an assault, a fall --

3 BY MR. GUTHRIE: Objection, Your Honor.

4 He gave his answer.

5 BY THE COURT: Overruled. You may
6 proceed.

7 BY MR. CORY: (Continuing)

8 Q. I'm sorry, Dr. LeVaughn. If you have an
9 assault, somebody's beat up, thrown to the ground, body
10 slammed, all of that, that's one set of events that's --
11 well, let me back up.

12 A homicide, as I understand it, is when the death
13 is the result of the hands of another. Somebody else
14 does it, somebody else inflicts the injury; is that
15 right?

16 A. From the actions of another person, yes.

17 Q. Right. And if the actions of another person
18 didn't cause the injury, then it wouldn't be a homicide?

19 A. That's correct.

20 Q. Thank you. Now, you also didn't -- at the
21 time you did your report, you didn't have all the
22 medical records; is that correct?

23 A. I did not have the total amount of records
24 that I currently possess. That's correct.

25 Q. And as we sit here today, are you aware that

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1 Mr. Robinson was on blood thinners?

2 A. I am now, yes.

3 Q. Now, I want to talk to you for a minute about
4 subdural hematomas because that's important here in this
5 case because that's -- obviously what Mr. Robinson died
6 of was the fact that he had a subdural hemorrhage and --
7 is that correct?

8 A. Yes, sir.

9 Q. And so that was bleeding of the brain. His
10 brain was bleeding? A vessel --

11 A. Bleeding on the surface of the brain. The
12 brain --

13 Q. Right.

14 A. -- itself -- but, yes.

15 Q. And my question was poor. I apologize.

16 A. No. That's fine.

17 Q. It was a vein that ruptured and started
18 bleeding?

19 A. Yeah. Well, I'd say plural veins in --
20 plural, but, yes, on the surface of the brain, not in
21 the brain.

22 Q. And so you've done a lot of autopsies in your
23 career, obviously, that involved subdural hemorrhages?

24 A. That's correct.

25 Q. And you're familiar with subdural

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1 hemorrhages, aren't you?

2 A. Yes, sir.

3 Q. And would you agree with me that a subdural
4 hemorrhage is often caused by a major trauma, a
5 significant trauma, a violent hit?

6 A. Well, the -- there's a spectrum of minor
7 injury that can -- a subdural hemorrhage can result from
8 a wide spectrum of injury from being severe to less
9 severe and minor. But usually in massive head injuries,
10 that's usually associated with a subdural hematoma, yes.

11 Q. Right. But you talked about the spectrum.
12 They can actually result from a very minor trauma?

13 A. That's correct.

14 Q. And there's even literature and case reports
15 where subdural hemorrhages resulted spontaneously with
16 no evidence of trauma?

17 A. That's been published, yes, sir.

18 Q. And so the fact that Mr. Robinson had a
19 subdural hematoma, that doesn't mean he was beaten up by
20 anybody, does it?

21 A. I never used the term "beaten," no.

22 Q. And I understand that. I'm just asking you
23 that -- I want to make sure the jury understands the
24 fact that Mr. Robinson had a subdural hematoma is not
25 evidence that he was beaten up by anybody.

1 A. Well, in my opinion, there was traumatic
2 injury that resulted it, but I never said that he was
3 beaten.

4 Q. So we can agree that it doesn't -- that you
5 can't deduce from the presence of a subdural hematoma
6 that there was a beat down, a beating?

7 A. That's correct.

8 Q. Now, some people are actually more at risk
9 than others for developing subdural hemorrhages, aren't
10 they?

11 A. Correct.

12 Q. What are some of the known risk factors in
13 the literature that predispose people to having subdural
14 hemorrhages as a result of even a minor trauma?

15 A. I don't know the exact percentage of which is
16 more, but age is a factor.

17 Q. And how old was Mr. Robinson?

18 A. Sixty-two.

19 Q. Okay. So that would -- that's certainly not
20 elderly, but it's getting up there -- it's more advanced
21 age?

22 A. Yes.

23 Q. Okay. What else, Dr. LeVaughn?

24 A. Medications, anticoagulants.

25 Q. Okay. Would you explain to the jury when you

1 say anticoagulants, what -- what that means?

2 A. A blood clot is formed by a series of
3 chemical processes called coagulation and that leads to
4 a blood clot. There are numerous medications that
5 diminish the ability of the blood to clot. And those
6 are called anticoagulants. So anticoagulants could be a
7 risk factor for a subdural hemorrhage.

8 Q. And what anticoagulants was Mr. Robinson on?

9 A. There were two, aspirin and Plavix.

10 Q. Okay. I know the jury knows what aspirin is,
11 and some of them may know what Plavix is. But what is
12 Plavix?

13 A. Aspirin and Plavix affect a component of the
14 blood called platelets. They're not actually cells but
15 they're particles in the blood that initiate the
16 beginning of a blood clot. These little particles, they
17 adhere to the bleeding site. They clump together. As
18 they clump together, it initiates chemical reactions,
19 then the ultimate goal is to form a protein called
20 fibrin and the fibrin is kind of the glue that holds it
21 together so the healing process can start.

22 So aspirin is -- that affects platelets, and
23 Plavix affects platelet aggregation. They do it by two
24 different chemical pathways, but they both affect the
25 platelet aggregation at the site of an injury.

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1 Q. And as a layman, is it fair to say that
2 Plavix is a pretty strong blood thinner?

3 A. It's -- yeah. Sure.

4 Q. And you reviewed the medical records from
5 UMC, so you saw the medical record where the lab work
6 was done. There was a test performed that confirmed
7 that Mr. Robinson was actually on Plavix and that his
8 platelets were dysfunctional?

9 A. There was a laboratory test that showed -- it
10 was actually specific for a Plavix type anticoagulant
11 that showed that that was present because of the value
12 of that test result was less than the normal range. So
13 it showed that there was a Plavix effect --

14 Q. Which --

15 A. -- in his blood.

16 Q. -- to the jury means he was taking Plavix?

17 A. Yes.

18 Q. Which means he was taking a blood thinner?

19 A. That's correct.

20 Q. And Plavix, anticoagulant therapy, makes a
21 person much more at risk for -- particularly combined
22 with other risk factors, but it certainly increases your
23 risk for developing a subdural hematoma?

24 A. It can, yes.

25 Q. What about hypertension?

1 A. Hypertension is also a risk factor for a
2 subdural.

3 Q. And Mr. Robinson had hypertension?

4 A. That's correct.

5 Q. And he also had chronic diabetes?

6 A. He was diabetic. I don't think diabetes is a
7 strong risk factor, but he was diabetic.

8 Q. And I believe you -- talking about the three
9 abrasions that you saw, it's fair to say that those are
10 similar to scrapes or scuff marks?

11 A. Well, abrasions are superficial injuries to
12 the surface of the skin, yes.

13 Q. Superficial injuries; is that correct?

14 A. Correct.

15 Q. And the fact that Mr. Robinson had a
16 craniotomy, that's a pretty significant procedure?

17 A. That's correct.

18 Q. And even though typically crani- -- do you
19 know how a craniotomy is performed? I'm not talking
20 about in detail, but you know the positioning of the
21 body?

22 A. The patient -- and according to the medical
23 records, he was supine, lying face up, and then his head
24 was rotated to expose the right side of his head.

25 Q. Did you read the surgical note that said he

1 was actually face down in a donut?

2 A. I didn't. I just saw multiple references
3 that he was supine, which to me he's face up, that he
4 was -- in order to have access to the right side of his
5 head, his head was rotated somewhat to the right.

6 Q. And somebody on Plavix and aspirin, because
7 it's a blood thinner, that predisposes you or
8 predisposes a person to bruising. Is that fair to say?

9 A. When you use the term "bruising," I think of
10 a traumatic injury.

11 Q. Well, not spontaneous bruising, but -- but if
12 they --

13 A. It predisposes the person to bleed in certain
14 patterns, yes.

15 Q. But I think most people have seen people that
16 are on blood thinners. They're older. They bump their
17 knee, they bump their arm on a door, they bump
18 something, they usually develop a -- or they're much
19 more likely to develop a bruise when they're on blood
20 thinners than when they're not?

21 A. It's possible, yes.

22 Q. And I want to be sure I understand. As far
23 as the history that you had and that Dr. Davis had was
24 an assault, correct?

25 A. Yes, sir.

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1 Q. And that there were actually two broken ribs;
2 is that correct?

3 A. That was also described in the investigation
4 material that we received.

5 Q. And Dr. Davis -- well, as part of an autopsy,
6 if you have a history of broken ribs, you're going to
7 look for broken ribs, aren't you?

8 A. Yes.

9 Q. And you're relying on Dr. Davis here today
10 because you didn't do the autopsy, correct?

11 A. That's correct, yes, sir.

12 Q. And you know Dr. Davis?

13 A. I do.

14 Q. Would he have checked the ribs if they -- if
15 it was an assault victim with purportedly broken ribs?

16 A. In my opinion, he would.

17 Q. And if you check them, are they visible? Are
18 you going to see them?

19 A. Well, if they are visible, then they would be
20 documented, yes.

21 Q. Which broken ribs are going to be visible
22 postmortem, correct?

23 A. Yeah. Not always but, again, it depends on
24 the amount of force and the appearance of the rib.
25 These were, I believe, described as nondisplaced. That

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1 means the rib wasn't separated, so those would be more
2 difficult to see at times.

3 Q. So -- but he looked and didn't note any, did
4 he?

5 A. Well, he didn't note any.

6 Q. So you're saying that --

7 A. I assume that he looked, but, I mean, they
8 were not noted.

9 Q. And a lot of your -- you're making
10 assumptions based on his report on everything, other
11 than what you see on the photographs, correct?

12 A. Correct. Yes.

13 Q. So why are you differentiating all of the --
14 this particular moment? Why are you hesitating when it
15 comes to the fact that he didn't document broken ribs?

16 A. Well, you asked me if he saw them. I --

17 Q. Well --

18 A. -- I can't tell you whether he saw them. He
19 just -- as far as the documentation, they were not
20 documented.

21 Q. That's fair. And you would have expected him
22 to look for them?

23 A. Yes.

24 BY MR. CORY: Court's indulgence.

25 (PAUSE IN PROCEEDINGS)

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1 BY MR. CORY: (Continuing)

2 Q. Now, I'm going to get some exhibits of the
3 photographs that have been admitted into evidence and
4 just run through them real quickly with you.

5 The first one is Exhibit 7, and that's a picture
6 of Mr. Robinson's -- well, you describe it for the jury.
7 What is that a picture of?

8 A. Exhibit 7 is a photograph of the front chest,
9 abdomen, neck and head area of Mr. Robinson before the
10 internal or surgical portion of the autopsy.

11 Q. In looking at that photo, is there any
12 evidence of any blunt force trauma or bruising or
13 anything to his chest or arms that are visible in this
14 photo?

15 A. No, sir.

16 Q. And this is Exhibit 12. Is there any
17 evidence there of any bruise -- well, let me back up.
18 Would you describe that briefly?

19 A. Exhibit 12 is a photograph of the left side
20 of Mr. Robinson's head, his face, neck and shoulder.

21 Q. And is there any evidence of any blunt force
22 trauma there that you can see?

23 A. No, sir.

24 BY MR. CORY: And, Judge, at this time I
25 would like to use the photograph that was

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1 marked for identification.

2 BY THE COURT: What says the State?

3 BY MR. GUTHRIE: The State objects,

4 Your Honor.

5 BY THE COURT: Objection has previously

6 been noted on the record. It'll be

7 overruled. You may proceed. You may mark it

8 and be admitted.

9 (SAID AUTOPSY PHOTO WAS MARKED EXHIBIT NUMBER 13, WAS
10 RECEIVED INTO EVIDENCE, AND MAY BE FOUND APART FROM THE
11 RECORD.)

12 BY MR. CORY: (Continuing)

13 Q. Now, ladies and gentlemen, this is
14 Exhibit 13. And would you describe that photo,
15 Dr. LeVaughn?

16 A. Exhibit 13 is a photograph at the medical
17 examiner's office, one of the early photographs that we
18 take. And it shows the identification scale with the
19 number on it and also the identification bracelet with
20 his identification on it which is placed around his
21 right ankle. But the photograph anatomically shows his
22 lower extremities, legs.

23 Q. And as far as looking at his legs, is there
24 any indication of any trauma to his legs?

25 A. No, sir.

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1 Q. Now, Dr. LeVaughn, based on everything you've
2 reviewed in these photographs, is it fair to say that
3 you don't see evidence consistent with Mr. Robinson
4 being body slammed head first into the roadway pavement?

5 A. Well, he had blunt injury to his head.

6 Q. But that blunt injury, we're talking about
7 the abrasions, correct?

8 A. Well, the abrasion and the contusion.

9 Q. Right.

10 A. But he had -- in my opinion, he had impact
11 injury to his head. I don't -- I never -- I wouldn't
12 use -- I just said blunt injury. I didn't say body
13 slammed or anything. I just -- it's an impact injury.

14 Q. No. And I understand you didn't say it. I'm
15 just saying, in fairness to these defendants, these
16 photos are not consistent with somebody who was picked
17 up off the ground, driven into the ground head first,
18 body slammed into the pavement. Is that fair to say?

19 A. Well, I mean, I described head injury, but I
20 can't really define what a body slam injury is.

21 Q. It sounds like a pretty serious injury,
22 though, doesn't it?

23 A. Well, it seemed like -- I mean, it would --
24 take some --

25 BY MR. GUTHRIE: Objection, Your Honor.

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1 Calls for speculation.

2 BY THE COURT: What says the defense?

3 BY MR. CORY: Judge, body slam is just a
4 common term. It's been testified to. I
5 think everybody understands what body
6 slamming means.

7 BY THE COURT: I'm going to overrule the
8 objection. This witness has been qualified
9 as an expert in forensic pathology, and so
10 the question would be something in scope as
11 to whether or not those types of injuries
12 would be consistent with that type of
13 descriptive. So the witness may answer if he
14 can.

15 BY MR. CORY: (Continuing)

16 Q. And I'll give you a little background. If a
17 witness testified that Mr. Robinson was picked up off
18 the ground, turned over and driven into the ground head
19 first to the pavement --

20 BY MR. GUTHRIE: Objection, Your Honor.

21 BY MR. CORY: (Continuing)

22 Q. -- would that be --

23 BY MR. GUTHRIE: Mischaracterization of
24 the witness's testimony.

25 BY THE COURT: Okay. First of all, only

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1 one person can speak at a time. What is your
2 objection?

3 BY MR. GUTHRIE: Objection is it's a
4 mischaracterization of the prior witnesses'
5 testimony.

6 BY THE COURT: All right. Counsel, he
7 did not complete his question. Let me allow
8 him to complete his question before I rule on
9 your objection.

10 BY MR. CORY: (Continuing)

11 Q. Let me rephrase. If somebody testified that
12 Mr. Robinson was picked up off the ground and driven
13 into the -- or slammed head first into the pavement or
14 into the road, these photos would not be consistent with
15 the type of injury you would expect to see in all your
16 experience as a medical examiner, is it?

17 BY THE COURT: The objection will be
18 overruled. You may answer if you can.

19 BY THE WITNESS: You said body slammed
20 head first into the ground. I described
21 blunt head injuries.

22 BY MR. CORY: (Continuing)

23 Q. Right.

24 A. I don't know how those exactly occurred.

25 Q. Right. But they're not consistent with what

1 I described, are they?

2 A. I'm not sure if I can answer that.

3 Q. These injuries are consistent with somebody
4 having a -- hitting the ground, having a -- scraping the
5 ground. They're not consistent with somebody being body
6 slammed into the ground, are they, in your experience?
7 You've been a medical examiner a long time.

8 A. Again, I'm not trying to dance the issue, but
9 the injuries, the abrasions are blunt injuries.

10 Q. We agree.

11 A. They're not only caused by lateral scraping
12 movement. They can be direct impact injuries.

13 Q. Sure.

14 A. Cause a sequence of events. I don't know
15 that there's any library of injuries about body
16 slamming. To me that means there's multiple areas of
17 the body that could be injured.

18 Q. Well, let me rephrase it a different way.
19 You're not here today to testify that this injury was
20 the result of being body slammed, are you?

21 A. No.

22 Q. And if Mr. Robinson was struck multiple times
23 in the head and chest, would you have expected to see
24 evidence of that on autopsy in addition to the three
25 abrasions you -- that are documented?

1 A. Well, I documented three blunt injuries to
2 the head. Could be a result of being struck. But there
3 were no other injuries anywhere else on the chest that
4 were any -- there were no blunt injuries on the chest.

5 Q. And likewise, there were no injuries on the
6 chest or head that indicate kicking?

7 A. You can't -- you know, I described a blunt
8 injury --

9 Q. Right.

10 A. -- which could be from punching, kicking,
11 head hitting something. I can't define how these
12 injuries occurred, but they were only to the head. They
13 were not -- there were no injuries to the chest.

14 Q. But we can agree that a blunt force trauma
15 can be a very minor trauma. It just means the -- it
16 just describes the nature of what the impact was. Blunt
17 force doesn't mean it's a heavy force, correct?

18 A. No. It just means nonsharp.

19 Q. Right. Nonsharp. So if a witness testified
20 that somebody raised their foot up off the ground and
21 stomped on Mr. Robinson's face, do you see any injury
22 consistent with that on these photographs?

23 A. Well, again, I can't differentiate a shoe
24 injury from a baseball bat injury, but there was injury.
25 All I'm describing is injuries to his face. I cannot

1 tell you how they occurred. It was an impact injury to
2 his right side of his head.

3 Q. But you testify a lot. You've testified a
4 lot in your career as an officer of the court.

5 A. I have, yes.

6 Q. And you're telling the ladies and gentlemen
7 of this jury and this Court that you can't differentiate
8 between the injury that you would expect to see in your
9 experience if somebody picked up their foot and stomped
10 it on somebody's face?

11 A. That would be a blunt injury and that
12 could -- it could cause no injury. It could cause an
13 abrasion and beyond. I can't tell you what kind of
14 object caused these abrasions.

15 BY MR. CORY: I have no further
16 questions for this witness.

17 BY THE COURT: Cross-examination on
18 behalf of Lampley.

19 BY MR. SPRINGER: Thank you, Your Honor.

20 CROSS-EXAMINATION BY MR. SPRINGER:

21 Q. Dr. LeVaughn, I'm Francis Springer. I
22 represent Lincoln Lampley. I hope not to take a lot of
23 time because you've been up there for a while.

24 Let me just ask one question that caught my
25 attention a minute ago. You said that you can't

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1 differentiate between an injury caused by a baseball bat
2 and one caused by a shoe or a foot?

3 A. I would --

4 Q. I'm just asking is that what you said?

5 A. -- say is they're both blunt injuries.

6 They're different objects and they're nonsharp objects.

7 They can cause abrasions and bruising.

8 Q. But you can't tell the difference between
9 which caused an injury?

10 A. Well, I mean, it depends on, I guess, the
11 amount of force that's used. You can sometimes see shoe
12 prints. I've seen that on people. You can see
13 depressed skull fractures in baseball bat -- but just
14 unless there's something very significant that leaves a
15 specific pattern, no, they're both nonsharp objects.

16 Q. So a moment ago when you said you couldn't,
17 you actually can in some instances? I'll --

18 A. I'm not sure that's a question or --

19 Q. -- withdraw that question. That's fine. No.
20 No.

21 A. -- just a comment.

22 Q. It was a question, but I'll withdraw it and
23 move on.

24 How many pages of medical reports did you have
25 when you did your first autopsy -- when you completed

1 the autopsy report the first time?

2 A. Seven.

3 Q. How many have you reviewed since then?

4 A. Hundreds.

5 Q. And nothing changes?

6 A. As far as what?

7 Q. As far as any of your findings, rulings,
8 anything?

9 A. No. I mean, the records that I have reviewed
10 after the report described things that I -- I believe I
11 described in the report.

12 Q. Okay. Did you review any of the ambulance
13 reports?

14 A. Any what reports? I'm sorry.

15 Q. Reports of AMR, the ambulance that responded
16 to attend to Mr. Robinson.

17 A. I don't believe I have the -- those actual
18 run sheets, no.

19 Q. So you've not seen those? Is that what
20 you're saying?

21 A. Correct.

22 Q. Okay. How did you learn of the possibility
23 of an assault involving law enforcement?

24 A. It was -- that's the way the investigative
25 form described --

Mark LeVaughn, M.D. -- Cross

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1 Q. Okay. Specific- --

2 A. -- the sequence of his injury.

3 Q. Okay. Specifically, what type of assault or
4 injuries?

5 A. I don't understand the question. I mean, it
6 was presented to us at the medical examiner's office
7 that he suffered an assault.

8 Q. Okay. But it wasn't specific?

9 A. No. Didn't have any more detail than that,
10 no.

11 Q. Didn't say a head injury, a torso injury, leg
12 injury or anything like that?

13 A. Well, I think it described the subdural
14 hemorrhage and described rib fractures --

15 Q. All right. What --

16 A. -- in the initial report.

17 Q. Okay. What report initially described that?

18 A. I'm referring to what we call the ME-1 Form,
19 which is the form that the coroner presents to us which
20 is our -- basically it serves several purpose:
21 identification of the patient, a request for a
22 postmortem exam and history of the event.

23 Q. Okay. You get that from the coroner, the
24 county coroner?

25 A. Yes, sir.

1 Q. Okay. And you said it had mentions of rib
2 fractures?

3 A. On that report I believe it had a comment
4 about rib fractures.

5 Q. Okay. Would Dr. Davis have gotten that
6 report?

7 A. Yes.

8 Q. Did he make any notes -- and I'll ask you not
9 to refer to anything unless we're looking and talking
10 specifically about it and everyone knows what we're
11 talking about.

12 Did anything in his reports that you reviewed have
13 anything about rib fractures?

14 BY MR. GUTHRIE: Objection, Your Honor.

15 If the expert witness needs to refresh his
16 memory or recollection from the notes that he
17 brought, we would ask that he be allowed to
18 do so.

19 BY MR. SPRINGER: Well, that'd be fine.

20 I'd just like to know what he's referring to,
21 Judge.

22 BY THE COURT: Okay. Do you need to
23 ref- -- I'm going to sustain the objection.

24 I think he probably does need to refresh --

25 BY MR. SPRINGER: That's fine.

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1 BY THE COURT: So I'll let you rephrase
2 and proceed.

3 BY MR. SPRINGER: Sure.

4 BY MR. SPRINGER: (Continuing)

5 Q. Do you know of anything that Dr. Davis had
6 that you used to draw your conclusions and complete this
7 autopsy report that showed the fractured ribs as you
8 reported from the coroner? Would he have had that,
9 that's the first part of the question, and I think you
10 answered that. The second part of -- or what I'm asking
11 now is, did you have that, that he had?

12 A. What I used to generate the report was what
13 he had in the case file.

14 Q. Okay. And your final report had nothing
15 about fractured ribs?

16 A. That's correct.

17 Q. Okay. Did you talk to Dr. Davis about any of
18 this?

19 A. I did not.

20 Q. Did anything prevent you from talking to him
21 about any of this?

22 A. Would anything prevent me from talking --

23 Q. Did anything prevent you from calling him,
24 e-mailing him, anything like that with any questions or
25 anything about this?

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1 A. No, sir.

2 Q. Okay. Did you get any witness statements
3 that had been -- and gathered about what people said
4 they had seen regarding Mr. Robinson?

5 A. At the time of the report or now?

6 Q. At the time of the report.

7 A. No.

8 Q. Have you seen them since then?

9 A. Yes, I have.

10 BY MR. SPRINGER: Court's indulgence.

11 (PAUSE IN PROCEEDINGS)

12 BY MR. SPRINGER: Just a couple of final
13 questions.

14 BY MR. SPRINGER: (Continuing)

15 Q. How many autopsies did you perform in 2019?
16 Do you have any idea?

17 BY MR. GUTHRIE: Objection, Your Honor,
18 to relevance.

19 BY MR. SPRINGER: Your Honor, it was 18
20 months between the time this was started and
21 finished. I'm just trying to find out how
22 many they have.

23 BY THE COURT: The objection will be
24 overruled. You may proceed. It goes to
25 credibility.

Mark LeVaughn, M.D. -- Redirect

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1 BY THE WITNESS: Let me back up. I know
2 in 2018 I did over 700 autopsies.

3 BY MR. SPRINGER: (Continuing)

4 Q. Okay. That's all right.

5 A. In 2019, it was maybe a little less but --

6 Q. Okay. That's fine. That's fine.

7 A. -- several hundred.

8 Q. That's fine.

9 BY MR. SPRINGER: That's all the
10 questions I have, Your Honor. Thank you,
11 Dr. LeVaughn.

12 BY THE COURT: All right. Any redirect?

13 BY MR. GUTHRIE: Yes, Your Honor.

14 REDIRECT EXAMINATION BY MR. GUTHRIE:

15 Q. Dr. LeVaughn, there's been several questions
16 about rib fractures. Were there any notes in Dr. Davis'
17 reports about a rib fracture?

18 A. No.

19 Q. Were there -- and there were many more
20 pictures of the autopsy than what we actually went
21 through today. But did you take those pictures?

22 A. No.

23 Q. Did those pictures show a rib fracture?

24 A. In my opinion, no.

25 Q. Okay. Is that why you did -- chose not to

1 put it in your report?

2 A. Correct.

3 Q. Because you could not verify that; is that
4 correct?

5 A. That's correct.

6 Q. Okay. Now, they were talking about a
7 subdural hematoma, and they went into that injury quite
8 a bit. Do you expect a subdural hematoma to evolve
9 immediately?

10 BY MR. CORY: I'm going to object. The
11 question was not asked to a reasonable degree
12 of medical probability.

13 BY THE COURT: I'm sorry. Your mouth is
14 covered.

15 BY MR. CORY: I'm sorry. I object.

16 This question is not asked to a reasonable
17 degree of medical probability.

18 BY THE COURT: I'm going to overrule the
19 objection. You may proceed.

20 BY MR. GUTHRIE: Yes, Your Honor.

21 BY MR. GUTHRIE: (Continuing)

22 Q. Do subdural hematomas evolve immediately?
23 And I know it's a loaded question, so let me back up and
24 bring it in parts.

25 Does the subdural hematoma start immediately,

Mark LeVaughn, M.D. -- Redirect

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1 which means do the veins begin to leak blood
2 immediately?

3 A. When you say "immediately," I'm assuming
4 immediately after a blunt injury?

5 Q. Correct.

6 A. The bleeding -- there's no way to measure it,
7 but it initially is thought to begin immediately.

8 Q. Correct. Does it take some time for the
9 volume to increase enough to cause symptoms and swelling
10 on the brain?

11 A. It does.

12 Q. Does three hours -- is three hours reasonable
13 to expect between injury and symptoms?

14 A. Yes.

15 Q. Are the injuries to George Robinson
16 consistent with blunt force trauma?

17 A. Yes.

18 Q. Are the injuries consistent with an assault?
19 That's a generic term. Just assault.

20 A. There -- there are impact injuries to his
21 head.

22 Q. Okay. Are the injuries to Mr. Robinson
23 consistent with an impact to the pavement?

24 A. That could be one of the reasons they
25 occurred, yes.

1 Q. Okay. There were many questions to you about
2 being driven head first or body slammed onto the
3 pavement, thrown down. Everybody has a different
4 terminology. Do any of these terminologies tell you the
5 force in which the head hit the pavement?

6 A. I'm not sure I understand the question. I
7 think you're asking me something I don't think I can
8 answer.

9 Q. Okay. And let me try to rephrase it.

10 If someone's head hit the pavement -- can
11 someone's head hit the pavement in different forces?

12 A. Yes.

13 Q. Okay.

14 A. Yes.

15 Q. So a generic term of someone's head hitting
16 the pavement, doesn't tell you with any reasonable
17 degree of certainty what kind of impact it was as far as
18 the force of the impact?

19 A. No.

20 Q. Okay. So when they are thrown down -- when
21 an individual -- the -- the -- when witnesses describe
22 being thrown down to the pavement, whether they used the
23 term body slam, thrown down, driven head first, all of
24 these different terminologies that come about, they can
25 spur different things to us, but you as the medical

Mark LeVaughn, M.D. -- Redirect

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1 examiner -- are you able to determine the force of
2 impact of Mr. Robinson's head to the pavement from any
3 of these terms?

4 A. No.

5 Q. Okay. These terms would be subjective to the
6 person using them, wouldn't they?

7 A. The description?

8 Q. Yes. They mean different things to the
9 person that actually says the term. It's not a medical
10 term for you to determine the force in which they hit
11 the pavement?

12 A. Let me back up just a second.

13 Q. Okay.

14 A. I reviewed many medical records and witness
15 statements and I made a list -- I've got it in here
16 somewhere in the folder -- of about 12 -- 12 or 13
17 different descriptions in there of what happened to
18 Mr. Robinson. Body slam, struggle, beat up -- there
19 were multiple descriptions of some type of injury that
20 occurred to him.

21 And in the same descriptions, there was a common
22 denominator that they resulted in a head injury which
23 had half a dozen different descriptions: abrasions,
24 strawberries, bumps, lumps. So I can't tell you the
25 amount of force that was applied to his head either just

1 from the examination of the documents or the description
2 of some individual. He had -- he sustained a blunt
3 injury to his head that resulted in these complications.

4 Q. Okay. To a reasonable degree of medical
5 certainty, did George Robinson being on Plavix kill him?
6 Was that the cause of his death?

7 A. No.

8 Q. To a reasonable degree of medical certainty,
9 what was the cause of death of George Robinson?

10 A. As I stated in my opinion, the cause of death
11 was multiple blunt head trauma.

12 Q. And what was the manner of death to a
13 reasonable degree of medical certainty?

14 A. In my opinion, it was a homicide.

15 BY MR. GUTHRIE: No further questions,
16 Your Honor.

17 BY THE COURT: All right. To the State,
18 may this witness be excused?

19 BY MR. GUTHRIE: Yes, Your Honor.

20 BY THE COURT: To the Defense Barney,
21 may he be excused?

22 BY MR. CORY: Yes, Your Honor.

23 BY THE COURT: To Defense Lampley, may
24 he be excused?

25 BY MR. SPRINGER: Yes, Your Honor.

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1 BY THE COURT: Dr. LeVaughn, you may be
2 excused.

3 BY THE WITNESS: Thank you, Your Honor.

4 (WITNESS EXCUSED)

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